

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

99-2000

DOCUMENT # 998000071145

1. Corporation Name

CRE Properties, Inc.

200003118312--0
-02/01/00--01065--002
****900.00 ****900.00

REINSTATEMENT 99-2000

2. Principal Office Address

255 Alhambra Circle

3. Mailing Office Address

7815 N.W. 148th Street

Suite, Apt. #, etc.

Suite 100

Suite, Apt. #, etc.

City & State

Coral Gables, FL

City & State

Miami Lakes, FL

4. Date Incorporated or Qualified
To Do Business in Florida

8/12/1998

SP

5. FEI Number

65-0859558

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee require
for a Certificate of Status

Zip

33134

Country

Dade

Zip

33016

Country

Dade

7. Name and Address of Current Registered Agent

Name

Nancy L. Ashton

Street Address (P.O. Box Number is Not Acceptable)

7815 N.W. 148th Street

Suite, Apt. #, Etc.

City

Miami Lakes,

State

FL

Zip Code

33016

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Nancy L. Ashton

REGISTERED AGENT MUST SIGN

Date

1/14/00

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
EVP	Michael Clutter	255 Alhambra Circle	Coral Gables, FL 33134
SVP	Robert Stockfleth	255 Alhambra Circle	Coral Gables, FL 33134
EVP	Vincent F. Post, Jr.	255 Alhambra Circle	Coral Gables, FL 33134
DIR.	Nancy L. Ashton	7815 N.W. 148th Street	Miami Lakes, FL 33016

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicate on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Nancy L. Ashton

Nancy L. Ashton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/14/00

Daytime Phone #

(305) 231-6495